

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000048691 (6)

1. Corporation Name

SIDE POCKET OF INDIAN HARBOUR BEACH, INC.



Principal Place of Business

2121 CHERYL COURT  
MELBOURNE FL 32935

Mailing Address

2121 CHERYL COURT  
MELBOURNE FL 32935

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 816 E. Eau Gallie Blvd

26 2121 Cheryl Ct.

4. FEI Number

59-3327438

Applied For

Not Applicable

22 Indian Harbour Beach, FL

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

28 Melbourne, FL

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

25 Brevard

29 32935

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, CHARLES T  
2121 CHERYL COURT  
MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title in parentheses

(If title Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
MARTIN, CHARLES T  
2121 CHERYL COURT  
MELBOURNE FL 32935

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
MARTIN, KAREN S  
2121 CHERYL COURT  
MELBOURNE FL 32935

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen S. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-773-1931

Date

Daytime Phone #

CR2E034 (12/95)